Substitute for form 1449/PTO

Sheet

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

3 of 3

Application Number	10/790651	
Filing Date	3/1/2004	
First Named Inventor	Zucherman	
Art Unit	3733	
Examiner Name	Jerry L. Cumberledge	
Attorney Docket Number	5910-168	

	***************************************					
		CERTIFICATION	STATEMENT			
Please	e see 37 CFR 1.97	and 1.98 to make the appropriate selection	en(s):			
	That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filling of the information disclosure statement. See 37 CFR 1.97(e)(1).					
OR	!					
	foreign patent of after making reas to any individual	nformation contained in the information dis fice in a counterpart foreign application, ar sonable inquiry, no item of information cor designated in 37 CFR 1.56(c) more than t 37 CFR 1.97(e)(2).	nd, to the knowledge of the pers stained in the information disclos	on signing the certification sure statement was known		
	See attached certification statement.					
Ø.	Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.					
	None.					
	mature of the appli of the signature.	SIGNAT cant or representative is required in accor	dance with GER 1.33, 10.18. P	losse son CFF: 1.4(d) for the		
Signat	ure	/John R. Owen Reg. No. 42,055/	Date (YYYY-MM-DD)	6 Nov 09		
lame/	Print	John R. Owen	Registration Number	42,055		

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 hour to complete, including gathering, prepariting and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Traderians Officer, U.S. Patient and Traderians Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A.22313-1450. D. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissionner for Patients, P.O. Box 1450, Alexandria, V.A.22313-1450.

Examiner	Date
Signature	Considered